

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

07671

Reg. Dist. No. 11 336

## 1. PLACE OF DEATH:

County Wisconsin  
 City or town Delmar  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 13 years  
 Hospital, institution, or street address where death occurred:  
Woodlawn  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico  
 City or town Delmar  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Woodlawn  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Pearl Allen

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Robert Allen

## 7. Birth date of deceased (mo., day, yr.)

April 9, 18966. (c) If alive, give age 62 years

## 8. AGE:

Years

Months

Days

If less than one day

52321

hrs.

min.

## 9. Birthplace

Wilmington, North Carolina  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

Home

## MOTHER FATHER

## 12. Name

John Guelbourne

## 13. Birthplace

North Carolina

## 14. Maiden name

No data available

## 15. Birthplace

## 16. Informant

Mrs. Anna May Cornish

## Address

Delmar Delaware, R.F.D. #2

## 17.

Burial  
(Burial, cremation, or removal. Which?)

## Date thereof

August 2, 1948  
(Month) (day) (year)

## Cemetery or crematory

Union Cemetery

## Location

Near Delmar, Maryland

## 18. Funeral director

J. J. Traubert and Son

## Address

Federalburg, Maryland

## 19.

July 30, 1948  
(Date rec'd by registrar)Harry E. Hudson  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948 at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that it resulted from

July 1948 to July 30, 1948and that I last saw her alive on July 26, 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

6 mos.

Due to

arteriosclerosis10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

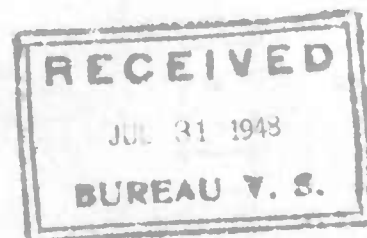
Injured at home, farm, industry, public place (where?)

Means of injury

Injured by what?

23. SIGNATURE

H. V. Soller, M.D.  
Delmar Del. Date July 30, 1948



Dr. Hitts

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

07672

39

## 1. PLACE OF DEATH:

County... Wicomico  
City or town... Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Wicomico  
City or town... Salisbury  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 317 Short Street  
(If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (a) FULL NAME

Arvey, Baby Girl

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

new born

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 25, 1948 2<sup>38</sup> AM

6. (c) If alive, give age years

8. AGE: Years Months Days It less than one day  
New born 1 2 hrs. min.9. Birthplace... Peninsula Hospital  
(Town, county, and state)10. Usual occupation... None

11. Industry or business

12. Name... Louis Emory Arvey Arvey13. Birthplace... Pottsville, Maryland14. Maiden name... Mary Elaine Bahamas15. Birthplace... Albuquerque New Mexico16. Informant... Mr. Louis ArveyAddress... 317 Short St. Salisbury Md17. Burial (Burial, cremation, or removal, which?) Buried Date interred... July 27, 1948Cemetery or crematory... Bethel Church CemeteryLocation... Waldstone Maryland18. Funeral director... W. H. May & Co. H. L. K. HollenbeckAddress... Salisbury Maryland19. Date rec'd by registrar... 7-26-48 Registrar... Mary W. Hollenbeck

## MEDICAL CERTIFICATION

20. DATE OF DEATH... July 26 19 48 at 6 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 July 19 48, to 25 July 19 48 and that I last saw h. or alive on 25 July 19 48Immediate cause of death... Pneumatury

DURATION

Due to...

Due to...

Other conditions... (1) Congenital pulmonary atelectasis  
(2) Intra-cranial hemorrhage.  
(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injury at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W. H. May & Co. M. D. or otherAddress... Salisbury, Md. Date signed... 26 July 1948

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

JUL 28 1948

**BUREAU V. S.**

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: *Wicomico*  
 County: *Salisbury*  
 City or town: *Salisbury*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death: *2/23/47 - 7/5/48*  
 Hospital, institution, or street address where death occurred:  
*Easton Shore The San.*  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: *MD* County: *Caroline*  
 City or town: *Greensboro*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.: *Boyer Mill Road*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME *Francis J. Chessman*

3. (b) Social Security Number

4. Sex: *Male* 5. Color or race: *White* 6. (a) Single, married, widowed, or divorced: *Married*  
 6. (b) Name of husband or wife: *Helen J. Chessman*  
 7. Birth date of deceased (mo., day, yr.): *July 9 - 1901*  
 6. (c) If alive, give age: years

8. AGE: Years: *46* Months: *11* Days: *26* If less than one day: hrs. min.

9. Birthplace: *Brooklyn, N.Y.*  
 (Town, county, and state)

10. Usual occupation:  *Carpenter*

11. Industry or business: *John H. Chessman*

12. Name: *Manhattan N.Y.*

13. Birthplace: *James J. McKeever*

14. Maiden name: *Brooklyn N.Y.*

15. Birthplace: *Miss Irene M. Chessman*

16. Informant: *3435 - 76 St. Jackson Heights N.Y.*

17. Burial: *Buried* Date thereof: *July 8 - 1948*

(Burial, cremation, or removal) Which: *Calvary Cem.*

Cemetery or crematorium: *Queens N.Y.*

Location: *Hillman & Co.*

Funeral director: *Walter R. Hillman*

Address: *Salisbury Md.*

19. Date rec'd by registrar: *July 6 48* Registrar: *Lois Strong Taylor*

## MEDICAL CERTIFICATION

20. DATE OF DEATH: *July 5 48* at *229*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *July 1 47* to *July 5 48* and that I last saw him alive on *July 5 48*

Immediate cause of death: *pulmonary tuberculosis*

Due to: *3 yrs.*

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Place of injury Injured at work?

23. SIGNATURE: *S. O. Hurdle*

Address: *Salisbury Md.* Date signed: *7/5/48*

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

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M

I

-07673

16

136

RECEIVED  
JUL 8 1948  
BUREAU V. S.

76  
1061  
1061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Peninsula General Hospital  
 How long in hospital or institution? 11 hrs. 5 min.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Baby Girl Macky

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced \_\_\_\_\_  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) July 27, 1948 12:45 PM  
 8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day, 1 hr. 11 min. 35 sec.

9. Birthplace Salisbury, Wicomico, Md.  
 (Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

FATHER 12. Name Walter F. Darby  
 13. Birthplace Hebron, Md.  
 MOTHER 14. Maiden name Ellen J. Cox  
 15. Birthplace Salisbury, Md.

16. Informant Walter F. Darby  
 Address Hebron, Md.

17. Burial Burial Date thereof 7/29/48  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hebron Cem.  
 Location Hebron, Md.

18. Funeral director David E. Meznick  
 Address Hebron, Md.

19. 7-20- 19 48 Mary W. Holloway  
 (Date rec'd by registrar) (year) (Deputy) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 48 at 11:54 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death atelectasisDue to Pneumonia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

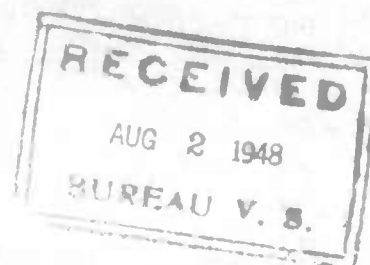
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Thos. J. McNamee, M.D.Address Peninsula Gen. Hosp. Date signed 7/29/1948

M. D. of other \_\_\_\_\_





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MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

83a

07675

330

Reg. Dist. No.

1. PLACE OF DEATH  
County Washington  
City or town Mardela  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 yr  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Md. County Washington  
City or town Mardela  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. None  
(If rural, give LOCATION)  
2. (a) If veteran, name war

3. (a) FULL NAME Mary Elizabeth Dashiell

3. (b) Social Security Number

4. Sex F 5. Color or race Cal. 6. (a) Single, married, widowed, or divorced Married  
8. (b) Name of husband or wife Wm Dashiell  
7. Birth date of deceased (mo., day, yr.) (Unknown) 1877  
8. AGE: Years 71 (about) Months 0 Days 0 If less than one day  
hrs. 0 min. 0

9. Birthplace Mardela Springs, Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name James Dashiell

13. Birthplace Mardela, Md.

14. Maiden name Linda E. Dashiell

15. Birthplace Mardela, Md.

16. Informant Wm Dashiell

Address Mardela, Md.

17. Burial, cremation, or removal. Which? Burial Date thereof 7/30/48

(Burial, cremation, or removal. Which?) (Month) (day) (year)

Cemetery or crematory Mardela C. R. Burial

Location Mardela, Md.

18. Funeral director David R. Spessard

Address Bethon, Md.

19. 7/30/48 19 1948

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27/48 19 48 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21/48 19 48 to July 26/48 19 48 and that I last saw him alive on July 26/48 19 48

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

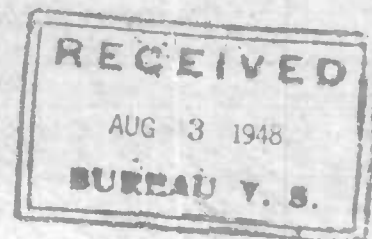
Means of injury Injured at work?

23. SIGNATURE William E. Enoch

Address Helras, Md. Date signed July 29/48

M. D. or other

1847  
1691  
1948



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07676 34

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wilcomica  
 City or town Salisbury md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? About 5 years  
 Hospital, institution, or street address where death occurred: no  
 How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Wilcomica  
 City or town Salisbury md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 534 E. 8th St  
 (If outside city limits, write LOCATION)  
 2(a) If veteran, name war: no

## 3. (a) FULL NAME

John Evans

## 3. (b) Social Security Number

no

4. Sex male 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Mary Evans  
 7. Birth date of deceased (mo., day, yr.) 1875 6. (c) If alive, give age no years  
 8. AGE: Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Quantico md  
 (Town, county, and state)  
 10. Usual occupation Ship  
 11. Industry or business Same as above  
 12. Name Purnell  
 13. Birthplace Quantico md  
 14. Maiden name Louisia Dennis  
 15. Birthplace Allen md  
 16. Informant Sarah Elzy  
 Address Salisbury md  
 17. Burial Date thereof July 25-1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Houston  
 Location Salisbury md  
 18. Funeral director Jane Stewart  
 Address Salisbury md  
 19. 7-26- 19 48 Wm. W. Holloway  
 (Date rec'd by registrar) (year) (month) (day) (year) Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21, 1948 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17, 1948 to July 21, 1948  
 and that I last saw him alive on July 21, 1948

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Acute Disturbance  
 Due to associated with  
Edema 3 months

Due to Edema 3 months  
 Other conditions Hypertension year

(Include pregnancy within 3 months of death)  
 Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

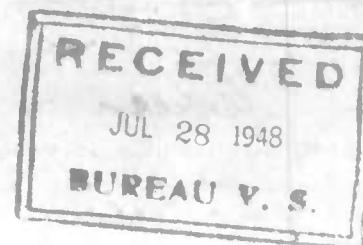
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE G. H. Embury M.D. M. D. or other \_\_\_\_\_

Address 500 E. Church St. Date signed 7/25/48  
Salisbury md

1948  
8761  
73  
1875



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Gen. Sen. Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Princess Anne, Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) if veteran, name war

## 3. (a) FULL NAME

George Henry Filkins

## 3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Gladys Filkins6. (c) If alive, give age 55 years7. Birth date of deceased (mo., day, yr.) MAR. 18 - 1877

8. AGE: Years 71 Months 4 Days 3 If less than one day  
 hrs. min.

9. Birthplace Leroy, New York  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Frank P. Filkins13. Birthplace Leroy, N.Y.14. Maiden name Mary Bezzant15. Birthplace Rochester, N.Y.16. Informant George Filkins, Jr.Address Pr. Anne, Md.17. (Burial, cremation, or removal, Which?) Burial Date thereof JULY 16, 1948  
(month) (day) (year)Cemetery or crematory Friendship CemeteryLocation East Princess Anne, Md.18. Funeral director Dale WashellAddress Princess Anne, Md.19. Date rec'd by registrar July 14 1948 Lois Strong Taylor Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948 at 12:50 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1948 to July 14 1948and that I last saw him alive on July 13 1948Immediate cause of death UremiaDURATION 1 weekDue to Renal & Pulmonary metastaticDue to Basaloid Squamous 1-2 yrs.Other conditions Paraplegia traumatic1 1/2 yrs. previous

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Long & Smith injured at work?23. SIGNATURE William B. Long, M.D. M. D. or otherAddress 504 N. D. Street Date signed July 14, 1948Salisbury, Md.

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, USING UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 16 1948

BUREAU V. S.

10/12/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07678

42

Reg. Dist. No. 337

## 1. PLACE OF DEATH:

County Princess AnneCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Princess Anne General Hospital  
How long in hospital or institution? 3 days 2 hr. 10 min.

## 3. (a) FULL NAME

Gale, Alice

4. Sex

Female

5. Color or race

C

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

2604

hrs.

min.

6. (c) If alive, give age 26 years

9. Birthplace

Pr. Anne Somerset Md.  
(Town, county, and state)

10. Usual occupation

Maid

11. Industry or business

FATHER

12. Name

Sam Gale

13. Birthplace

Princess Anne, Md.

MOTHER

14. Maiden name

Carie

15. Birthplace

Allen, Md.

16. Informant

Address

Mrs. Sam Gale  
Pr. Anne Md.

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

Burial  
July 30 1948  
Locks Road Methodist  
Mt. Vernon, Md.  
Dale Washell  
Princess Anne, Md.19. 7-28-

(Date rec'd by registrar)

19 48Mary W. Holloway  
Salisbury  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Somerset

City or town

Princess Anne  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

Road #2  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 2719. 48

at

1:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 24 19. 48 to July 27 19. 48  
and that last saw him/her alive on July 27 19. 48

Immediate cause of death

Respiratory failure

DURATION

Due to

Sickle Cell Anemia 2 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert R. Stan

M. D. or other

Address

Salisbury

Date signed

7-28-48





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County PrinciplesCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula Gen. Hosp.How long in hospital or institution? 15 hrs. 50 min.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County PrinciplesCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Green, Mary Olive MARY OLIVER

## 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (c) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 7-6-48 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 15 hrs. 50 min.9. Birthplace Salisbury, Principles, Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Greene, James Oliver13. Birthplace Ashburn, Georgia14. Maiden name Lynn, Mary Parish15. Birthplace White Plains, New York16. Informant Mr. James O. GreeneAddress Salisbury, Md.17. Cremation Date thereof July 7, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Peninsula General HospitalLocation Salisbury, Md.18. Funeral director Peninsula General HospitalAddress Salisbury, Maryland19. July 17, 48 Louise Strong Taylor  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1948 at 2:05 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 July 1948 to 6 July 1948 and that I last saw him alive on 6 July 1948Immediate cause of death Prematurity  
(30 weeks gestation)

Due to \_\_\_\_\_ DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pulmonary atelectasis 15 hours  
150 min

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

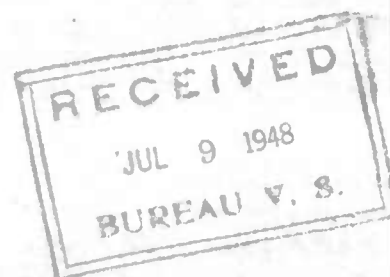
23. SIGNATURE Wickens M.D. M. D. or otherAddress Salisbury, Md. Date signed 7 July 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS 416

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159

07680

Reg. Dist. No. 332

Dutills

1. PLACE OF DEATH:

County Wicomico  
City or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 21 days  
Hospital, institution, or street address where death occurred:  
Peninsula General Hospital  
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico  
City or town Royal Oak Quantico Road  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME

Grimes, Baby Boy

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) July 27, 1948 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 2 hrs 2 hrs. \_\_\_\_\_ min.

9. Birthplace Royal Oak Quantico Rd.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER 12. Name (Not known) Grimes HENRY PARKER

13. Birthplace \_\_\_\_\_

MOTHER 14. Maiden name Louise Grimes

15. Birthplace Fort. Gaines Georgia

16. Informant Family & State Police

Address Royal Oak Quantico Road

17. Cremation Date thereof 7-29-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory \_\_\_\_\_

Location \_\_\_\_\_

18. Funeral director Peninsula General Hospital

Address Salisbury, Maryland

19. \_\_\_\_\_ 19 \_\_\_\_\_  
(Date rec'd by registrar)

Mary W. Holloway  
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28th 19 48 at 12 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from his 7/27/48 to 7/28 19 48  
and that I last saw him alive on 7/27/48 19 \_\_\_\_\_

Immediate cause of death Prematurity  
6 1/2 mo. gestation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE airkins M.D. M. D. or other \_\_\_\_\_

Address Salisbury, Md Date signed 7/29/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 339

## 1. PLACE OF DEATH:

County McCombs  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred  
R.D. #4, Salisbury Md.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County McCombs  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R.D. #4.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary Leona Hammond

## 3. (b) Social Security Number

## 4. Sex

female

## 5. Color of race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband

Nutter J. Hammond

## 6. (c) If alive, give age

70 years

## 7. Birth date of

deceased (mo., day, yr.)

Jan. 24 - 1880

## 8. AGE:

Years

68

Months

5

Days

8

If less than one day

hrs.

## 9. Birthplace

R.D. #4, Salisbury Md.

(Town, county, and state)

## 10. Usual occupation

Home wife

## 11. Industry or business

at home

## FATHER

## 12. Name

Jehovah

## 13. Birthplace

R.D. Salisbury Md.

## MOTHER

## 14. Maiden name

Jessie

## 15. Birthplace

R.D. Salisbury Md.

## 16. Informant

Mr. Nutter J. Hammond

## Address

R.D. #4, Salisbury Md.

## 17. (Burial, cremation, or removal, Which?)

Buried

Date the body

July 5 - 48

## Cemetery or place of

Parson's

## Location

Salisbury Maryland

## 18. Funeral director

Hollmeyer Co. Walter R. Hollmeyer

## Address

Salisbury Md.

## 19. (Date rec'd by registrar)

July 31 - 48

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

July 2 - 48 at 6:40 P.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 - 48 to July 2 - 48and that I last saw her alive on July 2 - 48

## Immediate cause of death

Hypertensive Cardio-vascular disease  
Heart disease

## DURATION

1-2 yrs.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Injured at work?

## 23. SIGNATURE

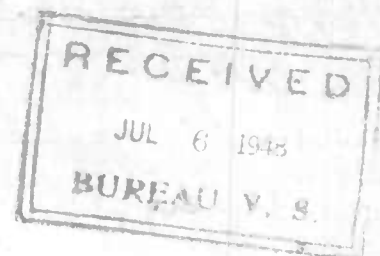
Lee L. Lawrence, M.D.

M. D. or other

Address

Date signed

July 3 - 48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

### 1. PLACE OF DEATH:

County W. COM. CO  
City or town SALISBURY  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Two months  
Hospital, institution, or street address where death occurred:  
Penninsula General Hospital  
How long in hospital or institution? Dead on arrival

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Florida County Palm Beach Flo.  
City or town Palm Beach  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. no  
(If rural, give LOCATION)  
2.(a) If veteran, name war no ✓

### 3. (a) FULL NAME

HANSFORD, NORMA JEAN

### 3. (b) Social Security Number

no

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced Child  
6.(b) Name of husband or wife no 6.(c) If alive, give age no years  
7. Birth date of deceased (mo., day, yr.) Jan 21 1948  
8. AGE: Years 6 Months 1 Days 1 If less than one day  
hrs. min.

9. Birthplace Bran City, Florida  
(Town, county, and state)

10. Usual occupation not

11. Industry or business no

12. Name J. P. Hansford  
13. Birthplace Seminole Co Ga

14. Maiden name Lillie Knight  
15. Birthplace Wheeler Co Ga

16. Informant J. P. Hansford  
Address H. R. Holland mnd

17. Burial, cremation, or removal, Which? Burial Date thereof July 26 - 1948  
(month) (day) (year)

Cemetery or crematory MT. Calvary  
Location W. R. Holland mnd

18. Funeral director James H. Stewart  
Address Salisbury mnd

19. 7-26-48 19 Mary W. Holloman  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948 at 4:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examination to 19 and that I last saw him alive on 19

Immediate cause of death aspiration  
DURATION sudden death

Due to no

Due to no

Other conditions no

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. no

Autopsy results collapsed lungs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7/24/48

Where did injury occur? Frontal view of mnd  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury strangled between mother & iron bedstead Injured at work? no

23. SIGNATURE Dr. R. D. Hughes mnd  
Deputy med & an M. D. or other

Address Salisbury mnd Date signed 7/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians; please write the causes of death clearly and legibly.

RECEIVED

JUL 28 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07683 332

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 17 hrs. - 35 min.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Delmar  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.R. #3  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Hastings, Miss Mildeed

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) DEC. 23 - 1909  
6. (c) If alive, give age years8. AGE: Years 38 Months 6 Days 27 It less than one day . hrs. . min.9. Birthplace R.D. #3 Delmar Md  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Charles A. Hastings13. Birthplace Baltimore Md.14. Maiden name Lucy Hastings15. Birthplace Baltimore Md.16. Informant Mr. Charles A. HastingsAddress R.D. #3, Delmar Md.17. Burial, cremation, or removal, which? Burial Date thereat July 22-48  
(month) (day) (year)Cemetery or crematory Chart Church CemeteryLocation R.D. Salisbury Md.18. Funeral director Hillman & Co. Walter R. HillmanAddress Salisbury Md.19. Date rec'd by registrar July 22 48 Registrar Louise Strong Taylor

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 19 48 at 9:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 19 48 to July 20, 48 and that I last saw her alive on July 20 19 48

Immediate cause of death

Myocarditis chronic  
Acute Bronchitis

DURATION

3 years  
10 weeks

Due to

Due to

Other conditions Syphilis muscularis  
progressiva  
(Include pregnancy within 3 months of death)30 years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

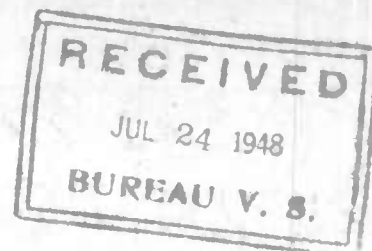
23. SIGNATURE

Address Delmar, Del. Date signed 7-22-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07684

33

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeks, 4 days, 8 hrs, 35 min.

Hospital, institution, or street address where death occurred:

Peninsula General Hospital  
How long in hospital or institution? 3 weeks, 4 days, 8 hrs, 35 min.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Hebron  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.D. #1  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Holloway, Miss Ida M.

## 3. (b) Social Security Number

## 4. Sex

Female white

## 5. Color of face

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 24-1867

6. (c) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

81127

hrs.

min.

## 9. Birthplace

Quantico Maryland  
(Town, county, and state)

## 10. Usual occupation

at home

## 11. Industry or business

12. Name John N. Holloway13. Birthplace Salisbury Md.14. Maiden name Elizabeth V. Heam15. Birthplace P.O. Hebron Md.16. Informant Mr. John M. HollowayAddress P.O. #1, Hebron Md.17. Burial Date thereof July 24-1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Philip's P.R. CenterLocation Quantico Maryland18. Funeral director Holloway & G. Miller & R. HollowayAddress Salisbury Maryland19. 7-23- 19 48 Mary W. Holloway  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 19 48 at 10:47 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 19 48 to July 21 19 48  
and that I last saw him alive on July 21 19 48

Immediate cause of death

Respiratory failureDue to Cirrhosis of liverDue to Myocardial decomp.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Salisbury Date signed 7-23-48

RECEIVED

JUL 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

07685332

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... Wicomico  
 City or town..... Salisbury Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... about 50 years  
 Hospital, institution, or street address where death occurred:..... no  
 How long in hospital or institution?..... no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Wicomico  
 City or town..... Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 119 Catherine Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... no

## 3. (a) FULL NAME

Sallie J. Jeffries

## 3. (b) Social Security Number

4. Sex..... Female  
 5. Color or race..... a. a  
 6. (a) Single, married, widowed, or divorced..... widow  
 6. (b) Name of husband or wife..... Jennie J. Jeffries  
 6. (c) If alive, give age..... no years  
 7. Birth date of deceased (mo., day, yr.)..... about 1868  
 8. AGE: Years..... 80 Months..... about Days..... about If less than one day..... hrs. .... min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 23 1948, at 11:50 AM  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1947, to July 23 1948, and that I last saw her alive on July 23 1948.  
 Immediate cause of death..... Apoplexy

## DURATION

3 days

Due to..... Arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?.....

23. SIGNATURE..... E. F. Farnell, M.D. M. D. or other

Address..... 200 W. Main St. Date signed..... 7-23-48

9. Birthplace..... Packa walkin md  
 (Town, county, and state)

10. Usual occupation..... when able to work + housewife

11. Industry or business..... no

12. Name..... John Birchhead

13. Birthplace..... Hibron

14. Maiden name..... Mildreda Pinkett

15. Birthplace..... Packa walkin

16. Informant..... Mary Jeffries

Address..... Salisbury md

17. Burial Date thereof..... 7-27-48  
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Green Acres Memorial Park

Location..... Salisbury, Maryland, Md

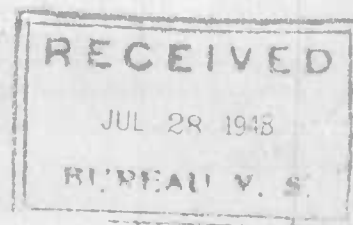
18. Funeral director..... James F. Stewart

Address..... 402 E. Church St Salisbury Md

19. 7-26-48 19..... May W. Hollonay  
 (Date rec'd by registrar)..... (month) (day) (year) Registrar

Address..... Salisbury

8981  
28  
8481



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County KennicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KennicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)Street No. Antonia Mills  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Jennings, Fred4. Sex Male 5. Color or race Colored6.(a) Single, married, widowed, or divorced6.(b) Name of husband or wife unknownunknown7. Birth date of deceased (mo., day, yr.) unknown 18836.(c) If alive, give age no years8. AGE: Years about 65 Months - Days - If less than one day - hrs. - min.9. Birthplace unknown  
(Town, county, and state)10. Usual occupation solider11. Industry or business same as above12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant Mrs. Annie HollowayAddress Westover Hill, Salisbury, Md.17. Burial Date thereof July 7, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory PublicLocation Salisbury, Md.18. Funeral director James F. StewartAddress 402 E. Church St.19. July 7 1948 Louise Strong Taylor  
Date rec'd by registrar Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948 at 12:55 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1948 to July 5 1948and that I last saw him alive on July 5 1948Immediate cause of death Acute Cardiac failure (arteriosclerosis) DURATION

Due to

Due to

Other conditions Uncomplicated anginal heart disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

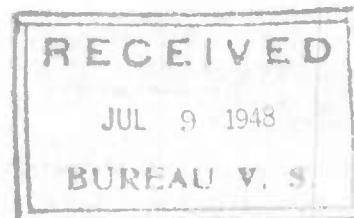
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederic Jennings M. D. or otherAddress Salisbury, Md. Date signed 7-5-48

1883  
-69  
1948





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07687

### 1. PLACE OF DEATH:

County Wicomico  
City or town Delmar  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 15 years  
Hospital, institution, or street address where death occurred:  
202 State Street  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico  
City or town Delmar  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 202 State Street  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Anna Jones

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife Ellis H. Jones  
6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) Oct. 15 1869  
8. AGE: Years 78 Months Days If less than one day hrs. min.

9. Birthplace Harrington, Del.  
(Town, County, and State)  
10. Usual occupation House work  
11. Industry or business Home  
12. Name Thomas Barkley  
13. Birthplace Harrington, Del.  
14. Maiden name Sarah Simpson  
15. Birthplace Harrington, Del.

16. Informant Mrs Ruth Webster  
Address Delmar, Delaware

17. Burial Date thereof 7-29-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Odd Fellows Cemetery  
Location Smarna, Delaware

18. Funeral director W. S. Spaul Co.  
Address Delmar, Delaware  
July 28, 1948 Harry E. Hudson Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948 at 1 P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1948 to July 27 1948  
and that I last saw him alive on July 27 1948

Immediate cause of death Thrombic coma.  
Due to Chronic Nephritis  
Due to Hypertension Cardiovascular Disease  
Other conditions  
(Include pregnancy within 8 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE J. H. Smith M. D. or other  
Address Delmar, Del. Date signed July 27/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

JUL 29 1948

**BUREAU V. S.**

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

07688

337

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Willards  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Louis G. Jones

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

6. (c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) April 16, 1902

8. AGE: Years Months Days If less than one day  
46 3 9 hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 7-28-48 19 48 Mary M. Holloway

(Date rec'd by registrar) Deputy Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico  
 City or town Willards  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R.F.D.  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 19 48 at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1940 to day of death  
 and that I last saw him alive on 7-25-48 19 48

Immediate cause of death cerebral hemorrhage  
 DURATION 18 days

Due to

Due to

Other conditions Hypertension  
arteriosclerosis  
 (Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Lewis M.D. M. D. of otherAddress Willards Md. Date signed 7-27-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I will correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County... SevierCity or town... Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Pennsula General HospitalHow long in hospital or institution? 41 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... SevierCity or town... Salisbury  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Chad Court  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Krueger, John

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Alice M. Leedom

7. Birth date of

deceased (mo., day, yr.)

January 11/18/89

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

61526

hrs.

min.

9. Birthplace

W. Elmore, Tenn. Pa.  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

J. Herbert Krueger

13. Birthplace

W. Elmore, Tenn. Pa.

MOTHER

14. Maiden name

M. Nettie Griffith

15. Birthplace

W. Elmore, Tenn. Pa.

16. Informant

Jennie H. Krueger

Address

2111 N. Charles St., Baltimore

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

7/8/48

Cemetery or crematory

H. Elmore

Location

Montgomery County, Pa.

18. Funeral director

W. H. Bell & Johnson Co.

Address

Salisbury, Md.

19.

(Date rec'd by Registrar)

July 7, 1948

Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH... July 6 1948, at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1948, to 7.6 1948and that I last saw him alive on 7.6 1948Immediate cause of death Unresectedcarcinomatous

DURATION

Due to carcinoma oflung

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Unresected carcinoma cellof lung Date of op. 11.5.46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. BellAddress 204 N. Duane St.Date signed 7.6.48

MARGIN RESERVED FOR BINDING

VS A15 19-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07690 38

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town SALISBURY  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7  
 Hospital, institution, or street address where death occurred:  
R.B. Hospt.  
 How long in hospital or institution? 7

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R.O. #1  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war World War #2 serial # 33889615

## 3. (a) FULL NAME

Landing John (John George Landing)

## (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 22-1924  
 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

23

Years

Months

Days

If less than one day

292

hrs.

min.

## 9. Birthplace

R.O. #1, Salisbury Md.

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

## FATHER

## 12. Name

Clarence V. Landing

## 13. Birthplace

Chancock, Va.

## MOTHER

## 14. Maiden name

Helen Bassford

## 15. Birthplace

Upper Fairmount, Md.

## 16. Informant

Mr. Clarence V. Landing

## 17. Burial

R.O. #1, Salisbury Maryland

## 18. Burial

Parsons Cemetery

## 19. Date thereof

July 27-1948

## 20. Cemetery or crematorium

Salisbury Maryland

## 21. Location

Holloway & Co. Rte. R. Holloway

## 22. Funeral director

Salisbury Maryland

## 23. Address

7-26

## 24. Date rec'd by registrar

7-26

## 25. Date

7-24-48

## 26. Registrar

W. Holloway

## 27. Deputy Registrar

Deputy

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 19 48 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical exam to certification and that I last saw him alive on \_\_\_\_\_ 19 48

## Immediate cause of death

Ruptured spleen  
Fractured ribs - left  
punctured lung - left

## Due to

## Due to

## Other conditions

Broncho pneumonia Rt

(Include pregnancy within 3 months of death)

## Major findings of operations

none

Date of op. \_\_\_\_\_

Autopsy results as above described

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7/17/48

Where did injury occur? near harbor Accident (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

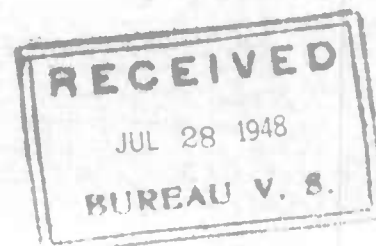
Means of injury car struck pole Injured at work? no

## 23. SIGNATURE

Dr. Rademaker MD  
Deputy Medical Examiner  
 M. D. or other \_\_\_\_\_

Address Salisbury Md Date signed 7/24/48







MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

07691

83a

1. PLACE OF DEATH:  
County McComie  
City or town Jaykins  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For whom infants give residence of mother)  
State Ind. County McComie  
City or town Jaykins  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3.(a) FULL NAME George Willard Lee Lammie

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

8.(b) Name of husband or wife Bertha Jane Lammie

7. Birth date of deceased (mo., day, yr.) Dec. 7-1867 8.(c) If alive, give age Dead years

8. AGE: Years 80 Months 7 Days 6 It less than one day  
hrs. min.

9. Birthplace Bertha Maryland  
(Town, county, and state)

10. Usual occupation Farm

11. Industry or business

12. Name George Henry Lammie

13. Birthplace Bertha Maryland

14. Maiden name Unknown

15. Birthplace

16. Informant Mr. Kendall Mumford

Address 2100 Road Salisbury Maryland

17. Burial, cremation, or removal, Which? Buried Date thereof July 15-48  
(month) (day) (year)

Cemetery or crematory Parson Cemetery

Location Salisbury Maryland

18. Funeral director Holloman & Co. N. K. Holloman

Address Salisbury Maryland

19. July 14 1948 Boise Strong Taylor  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13<sup>th</sup> 1948 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1<sup>st</sup> 1948 to July 13<sup>th</sup> 1948  
and that I last saw him alive on July 13<sup>th</sup> 1948  
Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE William E. E. E. E. M. D. or other

Address Helena - Md. Date signed July 19-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH  
County McComick  
City or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution or street address where death occurred:  
216 West Main street  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State MD. County McComick  
City or town Salisbury Ex 351924  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 216 N. Main St Butler Army  
World War #1. Royal Highlanders  
2.(a) If veteran, name war

3. (a) FULL NAME John Saffer McLeod

Identity # 1/M 3. (b) Social Security Number MM/19780

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife Sophia Maxwell

7. Birth date of deceased (mo., day, yr) Sept 28 - 1898 6. (c) If alive, give age, years

8. AGE: Years 49 Months 9 Days 22 If less than one day, hrs. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual occupation Welder at Machine shop

11. Industry or business Architald McLeod

12. Name Scotland

13. Birthplace Agnes Saffer

14. Maiden name Scotland

15. Birthplace Mrs. Agnes Cantley

16. Informant R.D. #2. Pawonsburg Md.

17. Burial (Burial, cremation, or removal) Which? Burial Date thereof July 22, 1948 (month) (day) (year)

Cemetery or crematory Pawonsburg Cemetery

Location Salisbury Md.

18. Funeral director Holman G. Walter R. Holman

Address Salisbury Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 19 48

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical to death

and that I last saw him alive on July 20, 1948

Immediate cause of death coronary occlusion

Due to coronary occlusion

Due to coronary occlusion

Other conditions coronary occlusion

(Include pregnancy within 8 months of death)

Major findings of operations none

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; no

Accident, suicide, or homicide, Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE LaRadermacher M. D. or other

Address Salisbury Md. Date signed 7/21/48

19. July 22 19 48 Salise Strong Taylor Registrar

(Date recd by registrar)

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 24 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07693

Reg. Dist. No. 332

131a

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 weeks

Hospital, institution, or street address where death occurred:

R.D. #2 (Anderson Road)

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.D. #2 (Anderson Road)  
(If rural, give LOCATION)

2.(a) Is veteran, name war

## 3. (a) FULL NAME

Christopher Columbus Moore

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widower

## 6. (b) Name of husband or wife

Sarah Moore6. (c) If alive, give age Dead years

## 7. Birth date of deceased (mo., day, yr.)

May 16-1869

## 8. AGE:

Years

Months

Days

It less than one day

79125

hrs.

min.

## 9. Birthplace

Nanticoke Maryland  
(Town, county, and state)

## 10. Usual occupation

Carpenter & Farmer

## 11. Industry or business

Retired

## 12. Name

Columbus Pylon Moore

## 13. Birthplace

Nanticoke Maryland

## 14. Maiden name

Leah Green

## 15. Birthplace

Nanticoke Maryland

## 16. Informant

Mr. Rodney C. Moore

## Address

R.D. #2, Salisbury Maryland

## 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

July 13-1948  
(month) (day) (year)

## Cemetery or crematory

Green Cemetery

## Location

Nanticoke Maryland

## 18. Funeral director

Johnson & Co. (Walter & William)

## Address

Salisbury Maryland

## 19. July 13

(Date rec'd by registrar)

19 48 Severe Strong Taylor

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

July 11 19 48 (12 45 P)

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19 48 to July 11 19 48and that I last saw him alive on July 11 19 48

## Immediate cause of death

Chronic Myocarditis & Hypertension

## Due to

Arteriosclerosis

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

L. P. Change M. D. or other

## Address

Salisbury MD Date signed 7/12/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 15 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07694

92d

Reg. Dist. No. 330

1. PLACE OF DEATH: St. Cornico  
 County Mardela  
 City or town Mardela  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED  
 (For newborn infants give residence of mother)  
 State Md County Stic  
 City or town Mardela  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME Minerva A. Owens

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced  
 6. (b) Name of husband or wife Doughty B. Owens  
 5. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) May 28 1860

8. AGE: Years 88 Months 1 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Sharpton Wic Md  
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name Ephraim P. Bennett

13. Birthplace Md

14. Maiden name Sarah Marine

15. Birthplace Md

16. Informant Miss Blanch Owens

Address Mardela Md

17. Burial Date thereof 7 25-48  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mardela

Location Mardela, Md

18. Funeral director Gravener Bros

Address Sharpton

19. 7/25/48 19. W. H. Roberts  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 19 48 at 3-30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/20 19 48 to 7/23 19 48

and that I last saw her alive on 7/19 19 48

Immediate cause of death Valvular Heart Disease DURATION 4 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Coronary Artery Disease 17-  
Hypertension 4 yrs

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. H. Roberts M. D. or other \_\_\_\_\_

Address Salisbury Md Date signed 7/25/48

RECEIVED

JUL 27 1948

BUREAU V. S.

ARMEDIAN

RAG CONT



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07695 332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Peninsula General Hospital  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Florida County Palm Beach  
 City or town Bear City, Florida  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Had been in fruit stand and market  
 (If rural, give LOCATION) half  
 2.(a) If veteran, name war no ✓

## 3. (a) FULL NAME

Betty Jean Pace

## 3. (b) Social Security Number

no

4. Sex female 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife no 6. (c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Sept 8 1947

8. AGE: Years 9 1/2 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Bear City, Florida  
 (Town, county, and state)

10. Usual occupation no

11. Industry or business no

12. Name Betty Pace

13. Birthplace Barns Mississippi

14. Maiden name Ladie or Palmer

15. Birthplace Martin Ga.

16. Informant Betty Pace

Address 4111 Highland md

17. Burial Date thereof July 17, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family

Location near Salisbury md

18. Funeral director James R. Stewart

Address Salisbury md

19. Date rec'd by registrar July 16, 1948 Registrar Lois E. Taylor

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12 July 1948 at 6:00 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 July 1948 to 12 July 1948 and that I last saw him alive on 12 July 1948

Immediate cause of death Intestinal obstruction DURATION 3 days

Due to Intussusception of Cecum and ascending colon into transverse colon 3 days

Due to transverse colon

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lois E. Taylor, M.D. "M. D. or other"

Address Salisbury, Md. Date signed 7/13/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 19 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

332

### 1. PLACE OF DEATH:

County Wicomico  
City or town Salisbury, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Peninsula General Hospital  
How long in hospital or institution? 1 day 14 hrs. 20 mins.

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester  
City or town Berlin  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. R.R. #2 Box #3  
(If rural, give LOCATION)

2(a) If veteran, name war

### 3. (a) FULL NAME

Fitz, Viola Virginia

### 3. (b) Social Security Number

4. Sex Female 5. Color or race colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 29, 1942 6. (c) If alive, give age years

8. AGE: Years 5 Months 11 Days 3 If less than one day hrs. min.

9. Birthplace Berlin Wm Co. Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Charles Puts

13. Birthplace Berlin Md.

14. Maiden name Jeannette Leonard

15. Birthplace Maryland

16. Informant Charles Puts

Address Berlin Md R 2 D 2

17. buried Date thereof 7/3/48  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St Pauls (Colt)

Location Berlin Md

18. Funeral director Burns B. Burnham

Address Berlin Md.

19. July 8 48 Soine Strong Taylor  
(Date rec'd by Registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 19 48 at 9:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 48 to July 2 19 48 and that I last saw him alive on July 2 19 48

Immediate cause of death

2 tetanus.

### DURATION

3 days.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations infected area

not available Date of op. July 1, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William B. Long M.D.

Address 504 N. Duane St. Date signed July 3, 1948

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07697

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

186a

21  
07697

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 days  
 Hospital, institution, or street address where death occurred:  
Peninsula General Hospital  
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Chance Market  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

PHILIP JEROME PRICE

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Ella Hickman Price  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) May 30, 1859  
 8. AGE: Years 89 Months 1 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dames Quarter-Somerset-Md/  
 (Town, county, and state)  
Waterman  
 10. Usual occupation Seafood Industry  
 11. Industry or business Philip J. Price  
 12. Name Dames Quarter-Somerset-Md.  
 13. Birthplace Louise Lewis  
 14. Maiden name Hunting Creek-Virginia  
 15. Birthplace

16. Informant Thomas Price  
Chance-Somerset-Md.  
 Address  
 17. Burial Date thereof July 5, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
Chance Methodist Cemetery  
 Cemetery or crematory  
Chance-Somerset-Md.  
 Location

18. Funeral director H. Harvey Bradshaw  
Crisfield, Maryland  
 Address

19. 7/8 48 Louise Strong Taylor  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_

Due to Heart diseaseDue to Fractured femur

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operation \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 1, 1948Where did injury occur? Chance Somerset Md (City or town) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury fall Injured at work? No23. SIGNATURE Thos M. Campbell M.D. M. D. or otherDate signed 7/5/48



Stew

23

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

806

07698

332

Reg. Dist. No.

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Two days

Hospital, institution, or street address where death occurred:  
Peninsula in Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Theriot

City or town Snow Hill  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 70  
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME  
Purnell, Oscar G.

3. (b) Social Security Number  
220-079-584

4. Sex male

5. Color or race col.

6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 1 - 1911

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 37 Months 1 Days 3 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Snow Hill, Wicomico, Md.  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Saw Mill

12. Name Samuel Waters

13. Birthplace Maryland

14. Maiden name Unknown

15. Birthplace Salisbury

16. Informant Samuel Waters

Address Snow Hill, Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof July 7/48  
(month) (day) (year)

Cemetery or crematorium Baptist

Location Snow Hill, Md.

18. Funeral director W. L. G. Jones

Address Snow Hill, Md.

19. (Date rec'd by registrar) July 8 19 48 Salisbury Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 19 48 at 11 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 19 48, to July 4 19 48, and that I last saw him/her alive on July 4 19 48

Immediate cause of death

Respiratory failure

Due to encephalomyelitis

Non-specific

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. R. Starr M. D. Salisbury Date signed 7-5-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 10 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07699

13

FILED No. G 116 JUL 12 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 339

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 6 days - 11 hrs

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. 3  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Joshua Wilson Register

## 3. (b) Social Security Number

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

widowed.

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 29 - 1877

8. AGE:

Years

Months

Days

If less than one day

7105

hrs.

min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

Robert A. Register

13. Birthplace

Maryland

MOTHER

14. Maiden name

Virginia Carter

15. Birthplace

Maryland

16. Informant

Katherine North

Address

2906 Sylvan Ave. Balto.

17. (Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Sorraine Cemetery

Location

Balto. Co. - Maryland

18. Funeral director

The Hill & Johnson Co.

Address

East Main St. - Salisbury

19.

(Date rec'd by registrar)

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## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 3rd

19

48

at

10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 27 19 48 to July 3 19 48and that I last saw him medically examined on July 3 19 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

no

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Rademacher M.D.  
Deputy Med Exam

M. D. or other

Address

Salisbury Md

Date signed

7/4/48

RECEIVED

JUL 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

333

## 1. PLACE OF DEATH:

County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 1 day, 3 hours, 10 minutes

## 3. (a) FULL NAME

Ritterbush, Mr James. (James P. Ritterbush)

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

M.

6. (b) Name of husband or wife

Anne E. Ritterbush

7. Birth date of deceased (mo., day, yr.)

Sept 18<sup>th</sup> 1926

6. (c) If alive, give age

19 years

8. AGE:

Years

Months

Days

If less than one day

21104hrs.min.

9. Birthplace

Baltimore Md  
(Town, county, and state)

10. Usual occupation

Auto - supplies man

11. Industry or business

Auto - parts supply house

12. Name

James P. Ritterbush

13. Birthplace

Baltimore Md

14. Maiden name

Krista May

15. Birthplace

Baltimore

16. Informant

Wm. Walters

Address

Pocomoke City, Md

17.

(Burial, cremation, or removal, which)

Date thereof

July 17, 1948

Cemetery or crematorium

Baltimore National Cemetery

Location

Baltimore, Md.

18. Funeral director

Roland P. Fisher

Address

2112 Dundalk Ave.

19.

(Date rec'd by registrar)

19

48R. E. Hamilton

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County WorcesterCity or town Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

20. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 14<sup>th</sup> 1948 at 7<sup>25</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 13<sup>th</sup> 1948 to July 13<sup>th</sup> 1948

and that I last saw him alive on

July 13<sup>th</sup> 1948

Immediate cause of death

Subarachnoid hemorrhage  
arachnoid

Due to

Fracture of skull

Due to

Blow on head by crane

Other conditions

Lifting crane

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Acc.

Date of

7/13/48

Where did injury occur?

Bayle Mills - Pocomoke City, Wic. Co. Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Acc. Blow on head

Injured at work?

23. SIGNATURE

R. E. Hamilton MD

Address

Pocomoke City, MdDate signed 7/14/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Year

Months

Days

If less than one day

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

M. D. or other

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

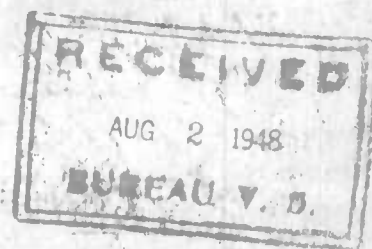
Cause of injury

Injured at work?

23. SIGNATURE

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

07702

333

## 1. PLACE OF DEATH:

County HesperiCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 203 N. Chester St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Shaffer Mrs. Etta

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Harry S. Shaffer

7. Birth date of deceased (mo., day, yr.)

Apr. 2, 1873

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

75317

hrs.

min.

9. Birthplace

Tyngsboro, Wisconsin, Ind.  
(Town, county, and state)

10. Usual occupation

Phone

11. Industry or business

12. Name Joseph A. Travero13. Birthplace Wisconsin Co. Ind.14. Maiden name Rebecca Harris15. Birthplace Wisconsin Co. Ind.16. Informant Mrs. Doris WhitesideAddress 2914 Presbury St - 1817. Burial (Burial, cremation, or removal - Which?) BurialDate thereof 7/22/48Cemetery or place of interment Greenman St.Location Balto. Md.18. Funeral director John J. Tiekner & SonsAddress Balto. Ind.19. Date of death July 22, 1948Registrar A. W. Haduck20. DATE OF DEATH July 19, 1948 at 11:35 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/12/48 to July 19, 1948and that I last saw her alive on July 19, 1948Immediate cause of death Chronic atherosclerosisDURATION 12-18 mo

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Solon.

37

07706

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wicomico Co.  
 City or town Milsons  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs.

Hospital, institution, or street address where death occurred: \_\_\_\_\_

How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County WicomicoCity or town Milsons md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war Rural

## 3. (a) FULL NAME

Hensel Showell

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Cal 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mae Showell7. Birth date of deceased (mo., day, yr.) Feb 8, 1905 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 43 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Carsonburg, Md.  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business none12. Name Irish H. Showell13. Birthplace Carsonburg, Md.14. Maiden name Jannet Showell15. Birthplace Carsonburg, Md.16. Informant Monterey ShowellAddress Milsons md.17. Burial Date thereof July 25, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Isles of St. BenLocation Carsonburg md.18. Funeral director Booker M. WestAddress Salisbury md.19. 7-26- 19 48 Mary W. Holloman  
(Date rec'd by registrar) Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 48 at 3:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 47 to July 22 19 48  
and that I last saw him alive on July 22 19 48Immediate cause of death Myocardial infarct DURATION 1 dayDue to Coronary thrombosis 1 dayDue to Coronary sclerosis 3 years

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. V. Cotler, M.D. M. D. or other \_\_\_\_\_  
Address Delmar Del Date signed 7-22-48

RECEIVED

JUL 28 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

14

07704

159

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH

County WilcombsCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
P.B. Hoyt.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WilcombsCity or town Mandela  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.D. #2  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Baby Boy - Stevenson

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

June 26-1948

## 6. (c) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

712 hrs.

min.

## 9. Birthplace

Pen. Gen. Hosp. Salisbury  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

## MOTHER

## 12. Name

Lee Ann Stevenson

## 13. Birthplace

Parrsburg Maryland

## 14. Maiden name

Katherine Virginia Jenkins

## 15. Birthplace

Salisbury Md.

## 16. Informant

Mr. Katherine Virginia Stevenson

## 17. Address

#2 R.D. Mandela Maryland.

## 18. Burial

(Burial, cremation, or removal. Which?)

## Date

July 26-48  
(month) (day) (year)

## 19. Cemetery or crematory

Friendship Cem.

## 20. Location

Near Pittsville Md.

## 21. Funeral director

Holloway & Co. Walter R. Holloway

## 22. Address

Salisbury Maryland

## 23. Date

July 5/48  
(date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

24. DATE OF DEATH July 3/48 19 48 at 4:45 P.M.

25. I CERTIFY that death occurred on the date above stated; that I attended deceased from

29 June 1948 to 3 July 1948and that I last saw him alive on 3 July 1948

## Immediate cause of death

1) Gangrene left leg

## DURATION

since birth2) Toxic hepatitis4 days3) Pneumonia, bilateral2 days4) Prematurity

## Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE airlines M.D. M. D. or otherAddress Salisbury, Md. Date signed 7/5/48

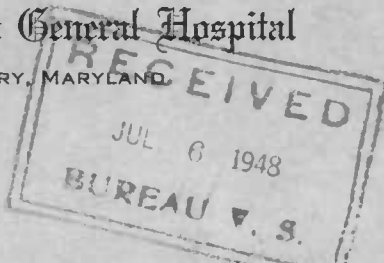
RECEIVED

JUL 6 1948

BUREAU V. S.

The Peninsula General Hospital

SALISBURY, MARYLAND



Dr A.W.Hedrich

Dear Sir:

Mrs.Catherine Stephenson was delivered of a Baby Boy here 6-25-48 at 1:42 A.M. *Ref. No. 102-397*  
Husband, Mr.Irvin Lee Stephenson.  
The mother signed this way.  
We reported this birth June 26, 1948

Today, the Baby ceased to breathe at 2:45 P.M .  
July 3, 1948.

Now the husband tells us his name should be spelled Stevenson and the mother spells her first name with a K instead of C.

I told her to write these corrections on the white card from your office (she has this card) and the death certificate will be made out with the correct name-Stevenson Baby Boy.

(Mrs.)

*Louise Strong Taylor*  
Louise Strong Taylor, RRL  
Registrar, District, 332

D. Hedrich =

7-5-48

This is the newborn Baby Boy  
ref. no-102- 394 whose name  
was misspelled "Stephenson" on  
the birth certificate and on Sat. July  
3, I notified you that the father told  
us that day the name should be  
spelled Stevenson - All other data O.K.  
S. S. I.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County Wilkes  
 City or town Salisbury Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 months  
 Hospital, institution, or street address where death occurred:  
Peninsula General Hospital  
 How long in hospital or institution? 5 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Worcester  
 City or town Berlin Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. no  
 (If rural, give LOCATION)  
 2(a) If veteran, name war no

## 3. (a) FULL NAME

Annie M. Paylor

## 3. (b) Social Security Number

Last

4. Sex female 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife William Paylor  
 6. (c) If alive, give age no years  
 7. Birth date of deceased (mo., day, yr.) Dec 13 1900  
 8. AGE: Years 47 Months 6 Days 21 If less than one day  
hrs. min.

9. Birthplace Berlin Md  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name Anna B. Pitts

13. Birthplace Berlin Md

14. Maiden name Agnes P. Assett

15. Birthplace Berlin Md

16. Informant Pauline Shackley

Address Berlin Md

17. Burial Date thereof July 8 - 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Eliengreen

Location Berlin Md

18. Funeral director James Stewart

Address Salisbury Md

19. July 7 48 Samuel Strong Taylor  
 (Write rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 19 48 at 7:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 April 48 to 7-4 48 and that I last saw for alive on 7-4 48

Immediate cause of death Uremia  
and carcinoma  
metastatic DURATION 5-6 mos.  
 Due to Carcinoma of cervix Unknown  
 Due to metastatic

Other conditions pulmonary tuberculosis Unknown  
 (Include pregnancy within 3 months of death)

Major findings of operations no

Autopsy results Carcinoma of cervix with  
 PHYSICIAN: Please underwrite cause to which death should be attributed metastatic pulmonary B.C.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide no Date of no

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Means of injury no Injured at work? no

23. SIGNATURE Harold E. Sefton, M.D.  
Salisbury Md M. D. or other no

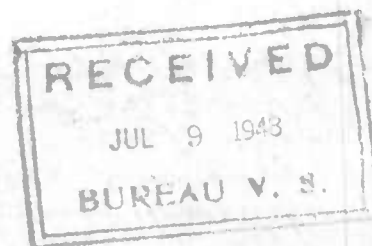
Address Salisbury Md Date signed 7-6-48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

07706

337

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

18. Cemetery or crematory

19. Location

20. Funeral director

21. Address

22. Date rec'd by registrar

23. Signature

24. Address

25. Date signed

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him/her alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

RECEIVED  
JUL 30 1948  
BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County WicomicoCity or town Salisbury  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 18 days, 17 days

## 3. (a) FULL NAME

Lloyd U. Watson

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Floy T Watson

7. Birth date of

deceased (mo., day, yr.)

Feb 6, 1871

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

7753

hrs.

min.

9. Birthplace

New ChurchVa.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Mary J. Watson

13. Birthplace

New Church, Va

MOTHER

14. Maiden name

Mary E. Welkman

15. Birthplace

New Church, Va

16. Informant

Mr. Paul Watson

Address

Salisbury, Md

17. Burial

(Burial, cremation, or removal. When?)

Date thereof

7/12/48  
(month)/(day) (year)

Cemetery or crematory

Varsons

Location

Salisbury, Md

18. Funeral director

The Bell & Johnson Co

Address

Salisbury, Md

19. Date rec'd by registrar

July 10, 1948Lois Strong Taylor

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Wicomico

City or town

Salisbury, Md  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

253 W. Main  
(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 9, 1948

at

7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1st, 1948 to July 9, 1948

and that I last saw him alive on

July 9, 1948

Immediate cause of death

Carcinoma of urinary bladder

DURATION

6 mos

Due to

Due to

Other conditions

Metastatic carcinoma2 years(Known)

(Include pregnancy within 8 months of death)

Major findings of operations

Carcinoma of bladder

Autopsy results

Metastatic

Date of op.

6-21-48

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Salisbury, Md

M. D. or other

Address

Date signed

7/9/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 13 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County WisconsinCity or town Salisbury, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Penninsula General Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania CountyCity or town Philadelphia  
(If outside city or town limits, write RURAL and give nearest town)Street No. 5505 Chew Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Wheatley, Mrs. Lettie Viola (Lettie Viola Wheatley)

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

MARRIED

## 6. (b) Name of husband or wife

Ronald C. Wheatley

## 7. Birth date of deceased (mo., day, yr.)

Jan. 6 - 1897

## 6. (c) If alive, give age

52 years

## 8. AGE:

Years

Months

Days

If less than one day

51610

hrs.

min.

## 9. Birthplace

P.O. Mandela Maryland

(City, county, and state)

## 10. Usual occupation

Home wife

## 11. Industry or business

## FATHER

## 12. Name

Billie Bennett

## 13. Birthplace

P.O. Mandela Maryland

## MOTHER

## 14. Maiden name

Mary A. Jackson

## 15. Birthplace

Drumton C. Philadelphia Md.

## 16. Informant

## Address

Mrs. Ronald C. Wheatley

## Address

5505 Chew St. Philadelphia Pa.

## 17.

## (Burial, cremation, or removal. Which?)

## Date thereof

Feb '19-1948

## Cemetery or crematory

Mandela Cemetery

## Location

Mandela Maryland

## 18. Funeral director

## Address

Holloman & Co. Walter K. Holloman

## Address

Salisbury Maryland.

## 19.

## Date rec'd by registrar

July 17

## 19

## Year

48Louise Strong Taylor

## Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 16<sup>th</sup> 19 48 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 14 19 48 to July 16 19 48and that I last saw him alive on July 16 19 48

Immediate cause of death

Plastic bronchitisCellulitis of the trachea& pneumonia

## DURATION

1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Cause of injury

Injured at work?

23. SIGNATURE

J. H. Nash

M. D. or other

Address

Date signed

7/16/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 332

## 1. PLACE OF DEATH:

County... Wicomico  
 City or town... Tyaskin  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 2 yrs.  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?...

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... Wicomico  
 City or town... Tyaskin  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

## 3. (a) FULL NAME

Sophia Wheeler

## 3. (b) Social Security Number

4. Sex... F 5. Color or race... C 6.(a) Single, married, widowed, or divorced... Widowed  
 6.(b) Name of husband or wife... Harvey Wheeler  
 6.(c) If alive, give age... years  
 7. Birth date of deceased (mo., day, yr.)... May 10 - 1895  
 8. AGE: Years... 53 Months... 1 Days... 23 It less than one day... hrs. min.

9. Birthplace... White Haven, Wicomico, Md.  
(Town, county, and state)10. Usual occupation... Housewife

## 11. Industry or business

12. Name... Joseph Pritchett  
 13. Birthplace... White Haven, Md.

14. Maiden name... Sarah Handley  
 15. Birthplace... Tyaskin, Md.

16. Informant... Samuel Handley  
 Address... Tyaskin, Md.

17. Burial... Funeral Date thereof... 7/6/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Tyaskin Cemetery  
 Location... Tyaskin

18. Funeral director... Helling & Co. Walter R. Helling  
Salisbury Maryland.

19. Date rec'd by Registrar... July 16 19... 48 Registrar... Louise Strong Taylor

## MEDICAL CERTIFICATION

2D. DATE OF DEATH... 3 July 19... 48 at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
1 Dec. 19... 47, to... 3 July 19... 48.  
 and that I last saw her alive on 3 July 19... 48.

Immediate cause of death... Transection  
 Due to... Carcinoma head of  
 Due to... Pancreas

Other conditions...  
 (Include pregnancy within 3 months of death)

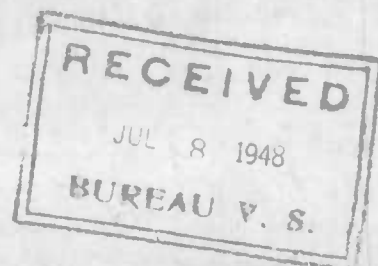
Major findings of operations...  
 Date of op. ...

Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Date of...  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE... Richard H. Saunders MD  
 M. D. or other  
 Address... Monte Carlo Club Date signed... July 18



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

07714

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### 1. PLACE OF DEATH:

County Wilkes

City or town Quantico  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wilkes

City or town Quantico  
(If outside city or town limits, write RURAL and give nearest town)

Street No. R 707  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Addie Hardy Wilson

### 3. (b) Social Security Number

4. Sex F

5. Color or race C

6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife George W. Wilson

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1874

6.(c) If alive, give age 20 years

8. AGE: Years 73 Months 8 Days 7 If less than one day  
.....hrs. ....min.

9. Birthplace Nanticoke, Wilkes, md  
(Town, county, and state)

10. Usual occupation Housewife

### 11. Industry or business

12. Name Bailey Conway

13. Birthplace Nanticoke, Md.

14. Maiden name Margaret Hughes

15. Birthplace Quantico, Md.

16. Informant Thomas Elzey

Address Nanticoke, Md.

17. Burial Date thereof 7/11/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Nanticoke Cemetery

Location Festerville, Md.

18. Funeral director Halevy & Co. Funeral Home

Address Salisbury, Md.

19. July 9 1948 Louise Strong Taylor Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH 8 July 1948 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9 May 1947 to 8 July 1948

and that I last saw him alive on 8 July 1948

Immediate cause of death Cerebral Hemorrhage

DURATION 24 hours

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Richard Saunders MD

M. D. or other

Address Nanticoke Md Date signed 8 July 48

MARGIN RESERVED FOR BINDING

VS A15



RECEIVED

JUL 10 1948

BUREAU V. S.